

# ACTON COMMUNITY HOUSING CORPORATION

Town of Acton  
472 Main St.  
Acton, Ma 01720  
(978) 263-9611

## Down Payment or Closing Cost Assistance Application

Complete all information and return this application to: ACHC, attn: Nancy Tavernier, 472 Main St., Acton MA 01720, or email: [achc@acton-ma.gov](mailto:achc@acton-ma.gov)

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Email address \_\_\_\_\_

4. Number of people living in household: \_\_\_\_\_

5. Gross Annual \*

Household Income: \_\_\_\_\_

[\*Combined income for all household members 18 years and older. Income must be at or below 80% of Area Median Income ]

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
80% AMI	47,150	53,900	60,650	67,350	72,750	78,150

Please list total dollar amount of assets held\* (e.g., checking, savings, 401K, 403B)

\_\_\_\_\_

7. Please list your total monthly obligations:

Monthly Installment Loans (car, student, personal, mortgage) \_\_\_\_\_

Credit Cards, 5% of current balance \_\_\_\_\_

8. Funds available for Down Payment \_\_\_\_\_ Funds available for Closing Costs \_\_\_\_\_

9. Assistance Amount requested \_\_\_\_\_

Proposed use of funds \_\_\_\_\_ Down payment \_\_\_\_\_ Closing costs \_\_\_\_\_ Other (specify)

**Employment status: (include for all working household members)** Write on back if necessary

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Annual wage – Base \_\_\_\_\_

Additional (bonus, overtime) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Annual wage – Base \_\_\_\_\_

Additional (bonus, overtime) \_\_\_\_\_

**Family Composition and Income Eligibility Worksheet**

Please list **all household members (regardless of age or income)**

Name	Relationship	Age	Income

Total Number in Household: \_\_\_\_\_

Total Household Income \_\_\_\_\_

**Agreement and Signature**

By signing this application I warrant and represent that all statements herein are true. It is understood that the sole use of this application is for the Acton Community Housing Corporation to establish the preliminary requirements necessary to provide assistance for the purchase of a deed restricted unit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_